

**Minutes**  
**Traumatic Brain Injury Advisory Council**  
**Dorothea Dix Campus, Council Building Rm201**  
**Raleigh, North Carolina**  
**March 15, 2006**

<b>Members Present</b>		
Sandra Farmer	Al Hart	Sharon Rhyne
Betty Gardner	Stephen Hooper	Holly Riddle
Bob Gauldin	Marilyn Lash	Elsie Siebelink

<b>Members Absent</b>		
David Atkinson	David Mills	Robert Seligson
Spencer Clark	Ila Nofzinger	Jamesa Selleck
Martin Foil	Patrick O'Brien	Dennis Turner
Lynn Freeman		

<b>Others Present</b>		
Veronica Bohannon	Sandy Ellsworth	Kay Sanford
Christina Carter	Paula Hart	Jim Swain
Ann Eller	Grey Powell	

The meeting was called to order by Sharon Rhyne, Chair, at 10:15 a.m. She welcomed all council members and guests and introductions were made.

**Review of Minutes:**

Sharon Rhyne requested that members review the minutes from the December 7, 2005 Council meeting. No corrections or additions were noted. The minutes were tabled until the next meeting because of the lack of a quorum.

**TBI Advisory Council Membership Update**

Ms. Rhyne reported that approximately 9 positions are vacant on the Council. We are in the process of requesting that new members be appointed. When all positions are full, the council will have twenty-nine members. Ms. Rhyne has received the resignation of Ila Nofziger whose care of her daughter at home now makes it difficult for her to attend council meetings. The Council thanks Ila for her support and participation in Council endeavors.

**Meeting with MH/DD/SAS**

Ms. Rhyne reported that she and Marilyn Lash, Co-Chairman, met with Flo Stein, Christina Carter, and Sandy Ellsworth to discuss the TBI Advisory Council and the TBI program. Ms. Rhyne and Ms. Lash were pleased with the response of the DMHDDSAS and the changes that

have been made under Ms. Ellsworth's leadership. Ms. Rhyne expressed her appreciation of the work that had been completed over the past few months.

### **MH/DD/SAS Update**

Ms. Ellsworth introduced other mental health staff who were present at the meeting: Veronica Bohannon, Administrative Support, and Ann Eller. Ms. Ellsworth also announced that a new staff person, Janice White, has accepted the TBI coordinator position and will be on board April 3, 2006.

### **HRSA Grant**

Ms. Ellsworth announced that DMH has been awarded the HRSA grant for \$300,000 over 3 years. This grant will be used to assess the training needs of the Local Management Entities on their knowledge of TBI and training needs. This grant will also fund the creation of a family resource center in the western region of the state.

### **Service Definitions**

Ms. Ellsworth reported on Service Definition changes. The Federal Centers for Medicare and Medicaid Services (CMS) required DHHS to eliminate the service known as Community Based Service (CBS) from North Carolina's Medicaid State plan. Two Medicaid services were proposed to replace CBS, Community Support to support individuals with a mental health or substance abuse diagnosis and Developmental Therapies for individuals with a developmental disability diagnosis. Developmental Therapies was not approved by CMS, resulting in approximately 5,000 Medicaid-eligible individuals with a DD diagnosis without CBS which is effective March 20, 2006. Many of the individuals with a diagnosis of TBI are in the group.

Five strategies were developed to address the needs of these individuals. These strategies, in the preferred order, are:

1. If the individual is receiving CBS in addition to CAP-MR/DD waiver services, the CAP-MR/DD Plan of Care should be amended to replace the CBS services.
2. If an individual is not receiving CAP-MR/DD waiver services but appears to meet the ICF/MR Level of Care criteria, the process to qualify the individual for the CAP-MR/DS waiver services should be initiated.
3. If the individual is not eligible for CAP-MR/DD and was receiving CBS services primarily as a result of mental health/substance abuse/behavioral issues, the individual will crosswalk to the Community Supports.
4. If the individual is not eligible for any of the above services, the individual will be referred to Medicaid Personal Care Services.
5. If the individual does not meet the ICF-MR/DD eligibility criteria and is receiving CBS primarily due to DD issues and Medicaid Personal Care Services does not meet all the needs of this individual, the individual will receive State funded developmental therapies (up to 4 hrs).

Ms. Ellsworth explained that survivors whose injury occurred after the age of 22 were not eligible for CAP-MR/DD services. She has been working with individual families as well as LME's to make sure funding remains for survivors. Ms. Ellsworth and Ms. Eller explained the appeal process and the process for notifying individuals and families of the changes. The

suggestion was made that the handout Ms. Ellsworth shared with the committee be sent as an FYI to the TBI Council members and our advocacy agencies regarding the changes. Ms. Ellsworth will see this is done.

#### **Additional TBI Funding Request for 2006-07**

Ms. Ellsworth shared with the Council that a request for additional funds from the expansion budget has been recommended to the DMHDDSAS since the TBI budget hasn't been increased since its inception. The Division is supportive of requesting the extra funds.

#### **Update on Status of the TBI State Plan**

Ms. Eller reported that she is reviewing the TBI State Plan. She will provide an updated draft for Council comment when the review process is completed. The original State TBI plan was formed with 5 themed sections: Prevention, Data Collection, Training, Services, and Survivor and Family Resources. Ms. Eller and Ms. Ellsworth will continue to work on this draft.

#### **TBI and Vocational Rehabilitation**

Mr. Jim Swain gave a presentation on the Vocational Rehabilitation (VR) program. He shared that VR offers cognitive retraining services to TBI clients that are heavily focused on transitioning individuals to employment, assists in the development of compensatory strategies for social and work environments, offers career exploration, job seeking skills training and transition to supported employment. Mr. Swain stated that there is a need to expand these services to TBI clients in the state. Approximately 1,200 TBI clients are served by VR with a low placement rate. Ms. Ellsworth expressed willingness to work with VR, particularly in training.

#### **Meeting w/Bar Association re: Disability Law Committee**

Ms. Sandra Farmer, Executive Director of the Brain Injury Association of North Carolina (BIANC), briefed the Council on the upcoming advocacy training day on March 17, 2006. Ms. Farmer presented a rough draft of a proposal to be presented to the legislature to request \$100,000-\$300,000 in funds for a TBI Needs Assessment. The Needs Assessment will be used to better identify the number and nature of brain injuries that occur in North Carolina and/or to residents of NC, to verify the nature of available rehabilitation services, and to identify the types of services that may not be available but yet may benefit survivors of brain injury. A draft document needs to be ready by May 1, 2006 for presentation to the legislature. Ms. Farmer will meet with several Council members to tweak the draft document, making sure to address the concerns of the Council such as tying the benefits of the funds to outcomes, adding some data, and adding language on short/long term needs.

#### **Committee Reports**

Ms. Gardner volunteered to chair the TBI Health Services/Service Delivery System Committee. Ms. Lash attended the last meeting of this committee. This group will meet to research/discuss how residential services are being utilized. The committee has invited Ms. Ellsworth to attend the next meeting.

### **Reintroduction of Discussion of TBI Definitions**

Ms. Rhyne stated that one of the missions of the Council is to review the definitions of Traumatic Brain Injury. Ms. Lash then led a brief discussion on this issue that we initially began to discuss in 2004 and 2005. The state's current TBI definition refers to injury caused by an external force to the head. The definition of Acquired Brain Injury refers more to someone who has had a brain injury as the result of anoxia, stroke, and brain tumors. The Council will need to re-examine definitions from other states and data in North Carolina. This was discussed in the meeting with the DMH. At that time, Ms. Stein stated that a needs assessment, gap assessment and a financial impact assessment would be needed. Ms. Lash will work with council members to determine what issues need to be explored. She will work with Ms. Sanford to determine what data will be needed for us to proceed.

There being no other business, the meeting was adjourned at 1:03 p.m. The next meeting date is June 21<sup>st</sup> from 10:00 a.m. to 1:00 p.m.

Respectfully submitted,  
Veronica Bohannon, Recorder